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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### PUERPERAL METRITIS.

Read before the Northern Medical Society,

BY E. E. MONTGOMERY,  
Of Philadelphia.

GENTLEMEN:—I believe I cannot better introduce this subject than by reading you the notes of a case.

May 5th, 1878, at the Philadelphia Hospital, Lillian M., aged 24, single, primipara, after a labor of twelve hours, was delivered of a female child. The resident, Dr. J. W. O'Neill, removed the child and attempted to deliver the placenta by pressure over the abdomen and simultaneous traction upon the cord, but found it adherent. An hour having elapsed during these efforts, he introduced his hand into the uterus and with difficulty dissected it off.

6th. Temperature 100°, pulse 84; general appearance good. Uterus tender, enlarged, extending an inch above the umbilicus, lochia profuse, but normal in appearance.

7th. Temperature 102°. Pain and tenderness more marked. Was given 30 grs. quinine in the evening.

8th. I saw this patient for the first time, and found the skin hot, pulse frequent, complaining of feeling weak, restless, tongue furred, countenance anxious. An examination of the abdomen disclosed a well marked tumor (the uterus) occupying the hypogastric region, and extending to the umbilicus, tender to pressure. On the left side of the uterus a small tumor, the size of a walnut, protruded the skin, and was very sensitive to the slightest touch. Lochia free, slightly

offensive. Leeches were ordered over the abdomen, to be followed by flaxseed poultices, a nourishing diet and stimulants.

R. Ext. ergot fl.,  
Tr. nucis vom.,  
Tr. ferri chlor.,  
Tr. cinnamom., aa f. ʒss. M.

Sig.—ʒj ter die. Opium by suppository or pill, q.s. to relieve pain.

9th. Pain and distress much less; pressure over the abdomen borne with but little complaint; tumor on the left almost disappeared.

10th. No pain, and but slight tenderness; lochia decreased, very offensive; stools frequent; was given a chalk mixture, and vaginal injections of a solution of carbolic acid ordered—the tube to be introduced once daily, with a flexible catheter attached, into the uterus, and the cavity washed out. For this purpose a douche was used in place of the syringe. During the next few days her condition was very much improved, countenance brighter, expressing herself as sanguine of getting well; diarrhoea checked, appetite improved, able to sit up to her meals; lochia slight, offensive odor lost. The uterus, which had remained enlarged, began to decrease after the first intra-uterine injection, until by the 25th it could not be felt above the pubes. She did not, however, gain much strength. The temperature and pulse remained higher than normal, with a marked evening exacerbation. We gave tr. ferri chlor., gr. v every two hours, with a large dose of quinine at night. All the symptoms improved so much that we regarded our patient out of danger, when suddenly, June 9th, she became much worse. Prostration was marked, weak, vomiting and purging, the surface bathed with a cold, clammy sweat, emaciation

rapid, countenance pinched and anxious, unable to retain any nourishment. She died on the 12th.

*Autopsy.*—Body much emaciated. Thoracic organs presented nothing abnormal—no evidence of peritonitis, excepting a few ounces of effusion. Uterus—the fundus had completely sloughed off, and the cavity was dilated large enough to hold an ordinary egg, ending above in a thin ulcerated edge. The whole uterus resembled very closely a funnel. The cervix, and lower portion of the body were in a comparatively normal condition, for the puerperal state.

Metritis affects the parenchyma or muscular structure of the organ, and as it is generally associated with endometritis, some pathologists have considered the latter as the primary lesion, but this is doubtful. It is a frequent lesion in some epidemics of puerperal fever, while in others it is absent. We have also reason to believe it to be the primary lesion in many cases of local peritonitis, cystitis and suppurative inflammations of the pelvic tissues.

In the case noted above you will remember the excessive size of the uterus. In physiological convalescence the uterus disappears behind the pubes from the sixth to the tenth day; at the earlier period in primipara; hence, if at the ninth or tenth day we find the uterus still three or four inches above the pubes, we are justified in being anxious for our patient.

Before entering upon the consideration of the pathology, it will be well to spend a few minutes in the study of the physiological changes the organ undergoes after delivery.

M. Colin says, "a few hours after delivery the interior of the uterus is covered with clots of blood, which, when removed, show a soft, moist, reddish layer lining the internal surface, excepting where the placenta was attached. This layer increasing in thickness near the fundus, of a reddish-gray color, very friable, covers the muscular tissue, and has been in process of regeneration since the fourth month of gestation. It terminates at the upper boundary of the cervical canal, in an irregular edge. The membrane is firm, torn with difficulty, covered with a slightly reddish mucus, and does not undergo exfoliation, like that of the body. After the ninth day epithelial cells are found in the uterine mucous membrane, and are followed by granules, nuclei, glandules, and minute capillary vessels. By the twentieth to the thirtieth day it has acquired sufficient firmness to resist the action of a stream of water, but can be completely scraped off by the handle of a scalpel."

The site of the placenta presents a greatly

different appearance. It, before delivery, measures six to eight inches, is afterward reduced to three or four, and this decrease is constantly progressing.

According to M. Robin, the form of the seat also changes; at first being nearly circular it now becomes oval, with irregular, sinuous, notched borders. What it loses in extent it gains in thickness, becoming mammillated or rugous, of a brownish color, softening gradually until it is of a pultaceous consistency. Its borders are continuous with the membrane lining the rest of the cavity. The mammillated projections are due to vascular dilatations. An incision discloses immediately beneath the mucous membrane a hollow areolar structure, resembling erectile tissue. As time elapses these projections become atrophied, the surface shrinks and is not distinguishable. The serotine membrane is slowly exfoliated, and according to Kölliker, a new membrane is not fully reproduced until about the second or third month. Some authors, particularly MM. Robin and Tarnier, have expressed the opinion that the uterine sinuses are closed after the separation of the placenta by a physiological thrombosis; but Hervieux and Barker claim they are compressed by the contraction of the tissues in which they are imbedded, and that when thrombi are found it is due to the rapid separation of the placenta or some pathological condition in the surrounding tissues.

Inflammation arrests these physiological changes, and gives rise to various modifications, according to its intensity and exciting cause.

Barker says, "If opportunity offers for examination of the uterus in the early stage of puerperal endometritis, we find the internal surface covered with a thick, viscid, reddish coating, consisting of epithelial debris, mucus, blood and pus globules." This is easily removed by pouring upon it a stream of water. The mucous membrane is found thickened; if suppuration has taken place, points of ulceration will be found, in some places extending to the muscular surface. Incising the placental surface, the sinuses are found filled with dark blood, partly coagulated, or with fibrinous deposits, these frequently softened. If the surface be squeezed drops of pus will exude. In a case that came under my care the whole vagina and, I have reason to believe, a post-mortem not being permitted, the uterus, was lined with a diphtheritic membrane. Such deposits have been described by German writers, also by the late Dr. Parry, in an epidemic that occurred at the Philadelphia Hospital. The

odor is strong and offensive. In the severe cases, with greenish-black putrilage, it is excessively fetid. When we have the interior covered with a yellowish-green exudation, firmly or loosely agglutinated, so detached as to appear corrugated, the mucous membrane beneath reddened, tumefied, partially softened, and the exudation interpenetrating the placental surface, giving it an ulcerated appearance, Rokitsky calls it uterine croup. A more severe condition, with the internal surface covered with a thin, opaque, green-brownish or dark chocolate or coffee-colored product, and the tissues beneath converted into a fetid pulp, he denominates uterine putrescence.

Endometritis may occur without invading the muscular walls, but Klob concludes that metritis in a majority of cases is consequent upon inflammation of the uterine mucous membrane. Rokitsky believed it to consist of or begin as a phlebitis of the uterine sinuses. These sinuses, particularly of the placental surface, as a result of phlebitis, become filled with dark, partly coagulated, blood or fibrinous concretions. This matter breaks down, pus is formed, the surrounding tissue is destroyed by ulcerative action, and abscesses are formed, generally isolated and limited, but sometimes forming large collections of pus. Sloughing of the walls of these abscesses occurs internally or externally. The former is more favorable; if into the abdominal cavity, peritonitis is at once set up. It may sometimes take place into surrounding viscera that have become adherent.

Says Barker, "In severe epidemics true gangrene of a portion of the uterus is not infrequently met with. It may be recognized by a black or livid portion surrounded by a more or less unequal fringe of red; by the disorganized detritus and the gangrenous odor. It more frequently affects the cervix than the body; the mucous membrane than the muscular tissue."

When we remember the peculiar modifications the uterus undergoes during gestation, the great development of its mucous and muscular tissues, particularly the vascular apparatus, the contractions and compression it undergoes during parturition, and the operations that are often necessary for the removal of the fetus and placenta; the immense quantity of blood at times lost, and the rapid retrocession of its tissues after delivery, is it surprising that the tissues are liable to morbid processes?

The causes are divided into three classes: 1. Imprudence, as rising from bed prematurely. In a case of mine a fatal attack was induced by stepping on a bare floor on the fifth day. 2.

Traumatic lesions of the cervix, placental seat, or muscular walls of the uterus. 3. Toxæmia—as uræmia, septicæmia, pyæmia, and particularly the special poison of puerperal fever. The latter is the special cause we have to combat in the wards of a large hospital. In some epidemics no metritis is present. The most prominent symptoms are pain, increased volume of the uterus, decreased or excessive and very offensive lochia, chill, increased temperature, rapid pulse and cessation of lactation.

The pain resembles after pains, but more continuous. If severe, and occurring on the second day, should require careful attention. It differs from the agony of peritonitis, being usually dull and obscure, increased by motion or pressure. Some cases occur in which pain is only elicited upon deep pressure.

Increased volume is a symptom never absent. The uterus is sometimes found on the second day six inches above the pubes, and may still be felt above the pubes by the fifteenth to the twenty-fifth day. The size is due to tumefaction, as well as arrested involution.

In violent attacks the lochia is sometimes suppressed. Its return, normal in appearance and quantity, may be regarded as a favorable symptom. If, however, we find it purulent early, or if the sanguineous discharge continues longer than the first week, or returns after it has once ceased, particularly if its return be attended by febrile symptoms, we should regard it as a grave symptom. The simple disease is rarely ushered in by a chill or excessive febrile symptoms. If it has gone on to the suppuration stage, we will have recurring chills. If gangrene be developed, prostration becomes extreme, the face pale, the surface covered with a clammy perspiration, the pulse is feeble, respiration hurried, extremities cold, and the lochia horribly offensive. In epidemics, violent and severe cases run their course in a few days. The less severe form is longer in duration, but attended with great danger; suppuration commences early, gangrene, peritonitis or phlebitis. Such cases, however, sometimes recover. I am confident that the uterine croup of Rokitsky, or a less severe form of inflammation, occurs more frequently than is suspected, and passes into chronic metritis or the "areolar hyperplasias" of Thomas, or is the cause of the uterine flexions that frequently follow confinement.

In a case with decreased lochia, quick pulse, and more or less fever, it would be well to give—

R. Pulv. ipecac. co., gr. x  
Hydrarg. chlor., mit., gr. v. M.

at once, and direct a turpentine stupe over the abdomen, to be retained as long as it can be borne, and followed by cotton saturated with laudanum. Opium should be given in sufficient quantity to relieve pain. If the tumor has not decreased in two or three days a blister should be applied, and a combination recommended by Barker of—

R. Ext. ergot., fl., Squibb's,  
Tinct. nucis vom.,  
Tinct. ferri chlor., aa f. ʒss  
Glycerin.,  
Syr. aurant. cort., aa f. ʒj. M.

Sig.—A teaspoonful every four hours.

The most effective agent, however, in the treatment will be vaginal, or even intrauterine injections. For this purpose we may use warm water, with Labarraque's solution, acid carbolie, potass. permanganate or acid salicylic. If the lochia be purulent they should be used five or six times daily. If fetid, intrauterine injections should be used. For this purpose the fountain syringe should be used, as the ordinary syringe, by its force, would endanger the uterine mucous membrane. Precautions should be taken to prevent the entrance of air into the uterine sinuses, also to provide a ready exit for the liquid from the uterine canal. The latter can be done by passing a double canula, or a soft catheter may be passed alongside the syringe tube.

In the case that heads this paper a marked improvement of all the symptoms was noticed during the time the intrauterine injections were made.

Nutritious food, stimulants and quinine should not be omitted.

In the suppurative and putrescent forms our main reliance, in connection with intrauterine injections, should be upon quinine and alcohol.

#### AN EPIDEMIC OF SCARLET FEVER.

BY L. N. DAVIS, M.D.,  
Of Farmland, Ind.

On account of a recent outbreak of scarlet fever in our locality, which has within the last month or two assumed fearful dimensions and alarming malignancy, I ask leave to report a few cases of the severest type.

The disease had been prevalent, to a greater or less extent, in our town, since the 1st of December, 1878. It was of the mild, regular, or simple form. Not a single death resulted in from twenty-five to thirty cases which I treated, although we had nephritis, dropsy and adenitis, in no less than four or five of the number. So mild, indeed, was the type, that many physicians

sneered at the idea of its being scarlet fever, the rash in many cases being poorly defined, but in most of them entirely absent. Throat symptoms, though present in all of the cases, were far from being prominent in many; and the febrile movement was but slight. The epidemic seemed to have expended its force; for there had been a lull for about a month, when all at once it received new impetus, and broke out with increased virulence. As several victims were imbued with the fatal contagium from the same source, I shall attempt to give the cases in the order in which they occurred.

April 23d. Dr. Malthie and myself operated upon Willie Sumwalt, aged 9 months, for hare lip. We completed the operation at 5 P.M. At 8 A.M. next day we found him with a temperature of 104°, and thickly covered with the scarlet rash. Extensive cellulitis and adenitis followed, in consequence of the wound of the lip. The inflammation abated, however, by the sixth day, with proper applications, and the fever also, but the infant died on the tenth day of its sickness, from failure of strength.

April 24th, or twenty-four hours after the child was attacked, the mother, Mrs. Sumwalt, aged 21 years, took the disease, attended with the severest symptoms during its whole course; temperature ranging from 101° to 104°, pulse from 100 to 150; nausea, vomiting, diarrhoea, dry, dark tongue, sordes on the teeth, hemorrhage from the throat, delirium, subsultus, and finally adenitis and suppuration of the cervical glands. She is now recovering.

April 27th. Dr. R. T. Malthie, aged 28 years, who assisted in the operation on the child, and who assisted also in dressing the wound afterward, took scarlet fever. The Doctor was not possessed of a robust constitution; was an ardent student; had just finished his last course of lectures, and no doubt had applied himself more closely than was promotive of good health. He was a lover of the profession he had chosen; prompt to every duty pertaining to it; was present to lend assistance in every emergency, and give aid wherever and whenever it might be required, little thinking of his own safety and of the fearful danger to which he was exposing himself daily.

April 28th, 8 A.M. I found his temperature 100°, pulse 102, with severe vomiting and retching; rash well defined, but not dusky. I gave him ice to chew, lemonade to drink, sol. chlorate potassa, with two drops fl. ext. belladonna every six hours; move the bowels with seidlitz powder. 9 P.M. Temperature 101°, drowsy, smarting in

passing water. The urine has a dark, sooty appearance, and is loaded with albumen. I ordered the surface sponged frequently with cool water.

April 29th, 8 A.M. Temperature 102°, pulse 108. 9 P.M. Temperature 104°, pulse 132; comatose. Continued the treatment, and gave four drops each of tinct. digitalis and aconite in a teaspoonful spts. mindererus, every three hours; used carbolized spray in the mouth and nose.

April 30th, 5 A.M. Temperature 103°, pulse 126; passes a moderate quantity of urine, but attended with tenesmus, and still contained albumen. I gave cold pack, and quinia in three-grain doses, every three hours; brandy and milk as freely as could be taken.

May 1st. Rested but little last night; was troubled with singultus and dyspnoea all night. Singultus continues this morning. The skin of the whole surface is intensely red, swollen and sore; conjunctiva very much injected; temperature 102°, pulse 132. I moved the bowels again with saline; gave 5 grains of musk, which partially controlled the hiccough. Tonics, milk, sponging, and grease to surface continued.

May 2d. Temperature 99°, pulse 132; eruption fading on the chest; tongue dry and dark; but little rest last night; more or less subsultus and delirium. Sponged the surface with tepid water; omit digitalis and aconite.

May 3d. Passed sufficient quantity of urine in twenty-four hours, but it is dark and contains albumen; was very restless and delirious during the night; drinks milk and broth pretty freely; temperature normal; pulse 132, and feeble.

May 4th. Great restlessness all night, with dyspnoea and delirium. Temperature normal, pulse 136. Brandy and milk to be given freely.

After the most restless and wakeful night that human nature can possibly experience, in its last futile efforts against disease, he expired at 7 A.M., May 5th.

April 25th. Sophia Thornburg came to work for her sister, Mrs. Sumwalt. Three days later she took scarlet fever, which was as severe in character as the case of her sister, above described. She escaped without renal or other complication, and recovery seemed complete by the end of fifteen days.

April 27th. Miss H. F., aged twenty, who sat up at Mrs. Sumwalt's three days previous, took scarlet fever. Has had the disease once, and made a favorable recovery in a few days.

Three days after her return home her little nephew, aged four years, took scarlet fever in its most aggravated form, followed by suppura-

tion of the cervical lymphatics; and finally, three weeks later, by renal dropsy, which eventuated fatally on June 9th.

May 22d. Rose T., aged two years, took scarlet fever. Recovered in five or six days, without complications.

Her father, who had visited his sisters at Sumwalt's, had been sick the preceding five or six days, with sore throat and fever, which probably was true scarlatina; though no physician saw him, and of this we cannot be positive. The little girl had also been exposed to her aunt, though she (the aunt) had been well for about ten days, and had taken the utmost pains to boil and clean every article of her clothing; as well also to resort to frequent ablutions of her own person before coming home. Consequently the exact source of contagion and time of exposure cannot be arrived at in this case.

The same may be said of the following cases: although of a different family, the two (father and son) live on the same farm, and their families intermingle daily; so that the exposure of one child of either family might be considered common to all of both families.

The time of the attack in the children of the two families shows conclusively that the seeds of the disease were sown about the same time; for the next day (May 28th) three girls of Isaac T., aged respectively four, six and twelve years, were attacked.

The disease was ushered in with severe vomiting and diarrhoea, and all of them died. The oldest on the sixth day, from prostration, induced by high temperature and intense blood poison. The second on the sixth day, from extension of a diphtheritic deposit into the larynx. The youngest on the 12th day, from extensive swelling of both sides of the neck, and probably oedema of the glottis.

June 1st. Alva T., aged eight years, brother of the little girls, was attacked. The symptoms during the first two days of the disease were as aggravated, apparently, as were those of any of his sisters. A blister was applied over his stomach, to control the vomiting, and five grains of sulphur with equal quantity of pepsin were given every four hours. In three days the boy began to sweat; the vomiting ceased; the tongue cleaned off moist, and only moderately red, instead of very dry and dark or intensely red, as it had been wont to do; and he made a rapid and favorable recovery without complication or sequela.

A few days later his brother, Elmore T., aged 15 years, was attacked with scarlatina. He had

been using sulphur for several days prior to the attack. It was continued. The boy did not take his bed at all, and in five days was plowing corn.

May 27th. Mary T., aged 18 years, at full term of pregnancy, was attacked.

May 28th. Found temperature 99°, pulse 100; throat sore and rash well defined; tongue lightly furred, appetite good.

May 29th. Temperature 101°, pulse 120; tongue heavily coated, with red tip and edges.

8 P.M. Was called upon to wait on her in confinement. After a protracted but easy labor, she was delivered at 10 A.M. the next day. My friend, Dr. Keener, delivering the placenta, we left her in good condition and excellent spirits.

May 31st. Temperature 100°, pulse 112; lochia normal, appetite good, and she was quite jovial. Gave emulsion of turpentine three times a day, and tinct. ferri mur. in five-drop doses after each meal.

June 1st, 10 A.M. Temperature 103°, pulse 120. Rested poorly last night; pain in back and loins. Bowels somewhat tender. Lochia natural in quantity and character. Light secretion of milk. Surface has a scarlet hue; tongue red strawberry appearance; bowels moved twice with oil. Ordered turpentine stupes to abdomen; vaginal injection of carbolyzed water every five hours; three grains quinia and Dover's powder, each, every four hours.

June 2d, 11 A.M. Temperature 103½°, pulse 136. Moderate secretion of milk. Severe rheumatic pains in the joints of the upper extremities, so that it becomes utterly impossible to move either arm. Lochia still continues; appetite fair; copious secretion of urine.

June 3d, 9 A.M. Temperature 104°, pulse 126. Rested poorly last night; was short of breath and delirious. Three loose, spontaneous discharges from the bowels; lochia diminished in quantity, and more offensive; milk drying up; cedema of and rheumatic pains in the legs. Added opium, in moderate doses, every six hours.

June 4th, 9 A.M. Temperature 102½°, pulse 115; flushed and hectic appearance of cheeks.

June 5th, 8 A.M. Axillary temperature 105°, pulse 125. Great restlessness, dyspnoea and thirst, all night. Chews ice constantly, to satisfy the thirst and cool the mouth and stomach. Decided tenderness and great distention of the bowels. Also very much troubled with strangury. Urine contains a large portion of albumen. Placed a large blister above the pubis; gave four drops each of tinct. of digitalis and

aconite every two hours till temperature and pulse are reduced. 5 P.M. Temperature 103°, pulse, 102. Tongue so dry and stiff that she cannot protrude it. Blister drew well; not so much thirst nor distention of the bowels.

June 6th, 10 A.M. Temperature 102°, pulse 96. Rested better last night. Took suddenly, at 6 P.M., while eating some broth, with extreme prostration and congestion, during which she could not speak nor swallow. Pulse was not discernible at the wrist, and every symptom was but the premonition of immediate collapse. Dr. Keener and myself arrived, and ordered whiskey as freely as could be poured down the throat without strangulation, but little expecting that reaction would ever come up. We were mistaken, however, for reaction did come up in the course of an hour; and with it came the most agonizing, burning, peritoneal pains, during which the woman would scream till she might have been heard more than a mile. They were quieted by a large dose of morphia hypodermically. The blister was again laid higher up on the abdomen, thinking it might assist in controlling the lancinating pains. Morphine repeated sufficiently often to control the pains.

June 7th, 10 A.M. We found the axillary temperature 105, pulse 150 and very feeble; dark cyanotic appearance of the face and extremities, and profound coma. Morphine given when necessary to control the pain, which was unbearable when the drug was omitted.

June 8th. Temperature 102°, pulse 120. Less coma. Hastaken little nourishment. Less abdominal pain. Not more than three ounces of urine secreted in the past twenty-four hours, and that very dark and albuminous. Dark gangrenous ulceration of both hips; also extensive vulvitis. Emollient poultices applied to the vulva, and carbolyzed lard to ulcers; placed her upon an air cushion.

June 9th, 10 A.M. Temperature 101°; pulse 96; rested more last night; about six ounces of urine secreted in past twenty-four hours. Gave a solution of acetate potassa., with ten drops of the fluid extract of jaborandi, every three hours.

June 12th. Temperature 102°; pulse 106; urine very scanty and dark. Bowels inclined to be loose, and are very tympanitic; expels large amount of gas with each passage; had two or three involuntary passages during the night. Turpentine emulsions resumed three times a day.

June 18th. Had mild uræmic convulsions at short intervals all night. Extremely nervous and comatose; can scarcely be aroused to answer a

question. Used dry cups to loins; sponged the surface with tepid water, and gave three drops each of fluid extract gelsemium and digitalis every three hours, cold applications to the head and mustard to the spine.

June 14th. Symptoms of uræmic convulsions have pretty well disappeared; but very comatose and nervous.

June 19th. Found the right parotid gland very much inflamed and enlarged. Temperature 102°; pulse 96; voids from eight to twelve ounces of urine, on an average, in twenty-four hours, which is very dark in appearance, and heavily charged with albumen. Ulcers on the hips show but little tendency to heal, present a sloughing, unhealthy appearance. The labia are most intensely swollen and red. Cloths wrung out of a strong oak ooze are applied thereto; gave teaspoonful of extract of malt every three hours. She improved steadily from this time, and at present writing (June 27th) her recovery seems to be a foregone conclusion. The extensive blistering, which resulted in a deep sore, might be regarded by many as an entirely unwarrantable procedure at the time, and under the circumstances, but, in my judgment, it was the important factor in the treatment, and that which prevented a fatal issue of the puerperal peritonitis.

The case has been one of rare interest and remarkable severity; and during its whole course there has been a degree of fortitude and endurance upon the part of the woman seldom seen in any case. Had this not been the case death would have closed the scene long ere this, and the sad anticipations of her relatives, nay, physicians also, would have been fulfilled. Her tenacity of life and tranquillity of mind, the earnest pleading look for assistance when possible, or perfect resignation when no assistance could be rendered, were such as to inspire the physician with a perfect knowledge of the unlimited responsibility which rests upon him, and to make him feel that the medical profession is one of the grandest and most noble of all callings.

Her offspring, though feeble at first, is now quite healthy, and, according to my judgment, has escaped the disease. Upon this point, however, there might be some discussion, for, of course, the skin was red, and subsequently there was slight desquamation; but there were not more redness and desquamation than we have in many newly born infants in which we have no reason to suspect scarlatina, and these were the only indications of the disease in this case. Consequently, I feel perfectly justifiable in asserting

that the child was not contaminated with scarlet fever at the time of its birth, nor has it been since. It nursed its mother but little, as there was but the smallest amount of milk secreted at any time. My treatment during the epidemic has been expectant. Suffice it to say that, contrary to the advice of Dr. Black, of Newark, Ohio (volume XL, No. 10, REPORTER), I did not have recourse to "ipecac in diaphoretic, hydrargyrum cum creta in laxative, and nitrate of potash in diuretic portions," for in all of the severe cases we had vomiting and diarrhoea, more or less, and generally severe from the incipency of the disease; moreover, I confidently believe that had I resorted to this treatment I could have had severe if not fatal cases of all of them. Neither do I find that buchu, acetate of potash, juniper, or any other diuretics furnish the least protection against nephritis, and I verily believe that they are decidedly injurious after its onset.

Nourishment has been given *ad libitum*, and the following are among the medicinal agents and means used: sulpho-carbolate of sodium, tinct. baptisia, carb. ammonia, chlorate of potash, quinia, tinct. iron, belladonna, digitalis and aconite; frequent sponging with cold water and grease to the surface, and cold pack; ice internally; local application of iodine, ammonia, etc., to enlarged glands; cathartics, generally castor oil or saline, when indicated; diuretics, acetate potash, buchu, etc., when there was the least hope of success. Every one of these remedies, and every combination of them that I have been able to make, has signally failed; so much so, indeed, that I am almost constrained to believe there is not the vestige of virtue in them, however skillfully applied and sedulously carried out.

I am an enthusiastic believer in the efficacy of the sulphur treatment. I have observed its action in three cases only, two of which are given, and the results in these, I must say, were marvelous, all that could be desired. I shall not theorize as to the *modus operandi*. The clinical fact which the results of its use establish is sufficient; and one clinical fact is worth a whole volume of flimsy theory, to the busy practitioner.

The incubation, it will be observed, was exactly three days, in four of the cases which I have given in which the exact time of exposure was positively known.

—Mrs. Partington has been reading the health officer's weekly reports, and thinks "total" must be an awful malignant disease, since as many die of it as all the rest put together.

## MEDICAL SOCIETIES.

### NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

At the meeting of the Society held on the 28th of March, 1879, Dr. E. E. Montgomery read a paper on

#### Puerperal Metritis,

which is given on page 23.

Dr. J. B. Walker has seen a number of cases, and believes the disease to be more frequent than reported, often passing unrecognized. In the Philadelphia Hospital it is rare for a woman to pass through the puerperal condition without more or less inflammation of the womb. The most common cause in hospital is toxæmia, more, perhaps, than in private practice. He would like to emphasize the value of local blood letting in certain epidemics. Began practice with the idea that arterial sedatives could do all that it was possible to do by blood letting. In the midst of one of the frequent epidemics at the Philadelphia Hospital, he was induced to try leeches, because the death rate had reached an average of 66 per cent. of all attacked. The first case tried was that of a thin, feeble, asthenic woman, just attacked with symptoms so severe as to give little hope with the then high rate of mortality. Twenty-five ounces of blood was taken from the epigastrium by leeches. The result was immediate, and recovery so rapid (only three days longer than the normal puerperal condition) that it was resorted to in all the following cases of that epidemic, with a decrease of one-half in the death rate, or to thirty-three per cent. That the epidemic influence was not gone or lessened was shown by the violence of the onset and the number of cases attacked remaining the same until removal to another building. The other elements of treatment remained the same as before applying leeches.

Dr. J. T. Eskridge reported five cases from private practice, all of which recovered. They were treated by vaginal injections of carbolic acid, turpentine stupes, calomel and bicarbonate of soda, to free the movement of the bowels, and tinct. veratrum viride in full doses, five or six drops every hour, until the pulse fell

to sixty, or even fifty, per minute. He believes there is no danger with this remedy, because alarming symptoms come on long before there is real danger. It is easy to rally the patient from the depression, if too great, by brandy.

Dr. S. Updegrave believes that metritis may exist before and during labor. An adherent placenta is a sign of an already diseased condition of the womb. He agrees with Dr. Eskridge in the employment of veratrum viride, which should be watched very closely, but when so watched it is preferable to blood letting, because it allows the production of a greater effect than one dares to produce by leeches.

Dr. W. M. Welch has not had metritis follow as a consequence of removal of adherent placenta, nor the use of forceps or other obstetric operation. It is frequently caused by toxic agents, as proved by its greater frequency in hospitals, and he would say, therefore, blood letting was not indicated. Post-mortem appearances also argue against blood letting. He relies upon a supporting plan of treatment—alcohol, quinine, and especially opium; would not like to undertake a case without opium.

Dr. E. R. Stone witnessed an epidemic while a resident in the hospital. Veratrum viride and opium were used freely and pushed to their full effect, but with very unsatisfactory results, nearly all dying, until he came to look upon a woman as doomed from the day of the attack of childbed fever.

Dr. E. E. Montgomery believes that all operations requiring the introduction of a foreign body into the womb render the woman more liable to an attack. His first twelve cases were seen while a resident in the hospital. The first three died. He then became bold in the use of veratrum viride and morphia, with the result of not losing a fourth case. Once he reduced the respirations to five per minute.

Hospital patients all have a tendency to an asthenic condition; therefore he was opposed to blood letting among them. When the pulse became weak he would give digitalis.

In all epidemics the early cases were more violent, which might account for Dr. Walker's success.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On the Influence of Singing upon Health.

In the *Allgemeine Medicinische Central Zeitung*, S. M. Wassiljew reports:—

In the examination of 222 singers, from nine to fifty-three years of age, as to the growth of the body, dimensions of the chest, and breathing capacity, the following facts were observed:—

The growth of the body advances beyond the twenty-fifth year. The increase, however, is not

proportional to the age, but more rapid toward puberty.

Compared to non-singers, the dimensions and excursions of the chest walls were found greater. Both increased with the size of the body, age, and the number of years engaged at singing; in the former more rapidly about puberty; in the latter until the twenty-fourth year.

The expansive power of the chest was found to be intimately connected with the state of the health, being smaller in the intemperate and in persons disposed to phthisis.

The force of inspiration and expiration, and the vital capacity of the lungs, were also found to increase with the size of the body, age, and the number of years engaged in singing; the maximum in each case being attained at about the twenty-second year.

In view of the greater vital capacity of the lungs, the author concludes that singing alone, judiciously conducted, can never produce emphysema.

From the 22d to the 28th years, all the measurements obtained were found to diminish, increasing again from the 28th to the 38th year. As a cause of this phenomenon, the author gives a failing in the nutrition of the body, occasioned by irregular habits of life.

As much as singers are liable to laryngitis, they are exempt from bronchitis.

Emphysema is not oftener met with among them than among non-singers.

The mortality among singers is small. Statistics extending over a period of twenty-five years, exhibit not a single instance of death from phthisis.

Bright's disease of the kidneys is a common affection among singers, even among those who are temperate in their habits.

As a practical application of the results obtained, the author concludes by referring to the beneficial influence the practice of singing might have upon the development of the chest in phthisical subjects, considering it even more efficient, in this respect, than gymnastics.

#### How to Postpone the Use of Spectacles.

Dr. W. Cheatham writes to the *Louisville Medical News*—

Till lately I have advised the use of spectacles the instant their want is felt; but now we have in sulphate of eserine a remedy (and a safe one, I believe), by which the wearing of glasses can be put off for several years. In presbyopia we have loss of distinct near vision, caused partly by the loss of power in what is known as the ciliary muscle. Eserine is a stimulant to this muscle, producing contraction, and in that way assists in accommodation.

From my results so far I believe that spectacles may be dispensed with for several years after their want is first felt. I usually order eserine sulphat, gr. j; aquæ dest., ʒj; one drop to be put into each eye at bedtime. On account of the artificial myopia produced I order it to be put in at bedtime. It may be dropped in at any time, as the myosis soon passes away.

Besides its employment in glaucoma and other inflammations of the eye, and in presbyopia, I have found it of great use in asthenopic (weak) eyes, depending upon oversightedness and weakness of accommodation, the latter the result of either overwork, general debility, diptheria, etc.

Spectacles in presbyopia (the loss of near vision from age) always give ease; but there is a certain discomfort from the use of glasses, besides many other objections brought forward by patients, all of which, as a usual thing, can be referred to pride. This pride we should humor as much as possible. If by means of the eser-

ine we can give them as great comfort and preserve their eyes as well as by means of spectacles, I think it proper that we should do so.

#### Doubtful Utility of the Hot Vaginal Douche.

Dr. A. Reeves Jackson, formerly Surgeon in Chief of the Woman's Hospital of Illinois, writes to the *St. Louis Clinical Record*—

It would seem that, of all the local conditions demanding the especial effects which are attributed to hot water injections, none would be more likely to be benefited by them than vaginitis; yet I have not only been disappointed in every case of this disease in which I have used them, but I am sure that in some their employment was injurious.

Whether the good effects of this remedy in the treatment of uterine disease have or have not been overrated, it is quite certain that there are some drawbacks to its use. For example, several patients have informed me that the douche was followed by great prostration, lasting, in some instances, several hours. Others, again, have been obliged to abandon it entirely because of long continued flushings of the face and throbbing headache resulting from its use.

The experience of others may not correspond with my own, and I feel some hesitation in placing myself in a position not in accord with the popular opinion concerning this remedy, which, at present, is so much in fashion. Nevertheless, I am constrained to say that it has disappointed, in a great degree, the expectations I had formed of its very great efficacy, and which were founded on the high ecomiums lavished upon it in various quarters.

#### Tartar Emetic in Rigid Os Uteri.

This illustrative case is reported in the *Lancet*, by Dr. J. A. Irvine:—

Mrs. B., aged twenty-three, primipara. I saw her on the morning of the 26th of September last. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her in charge of an experienced nurse. On again visiting her, some hours after, the pains I found still present, but rather irregular. I again examined the os, and found very little advance made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labor. The os was at this time rigid, and no further dilatation had taken place, notwithstanding the strong and frequent pains. The lips had a hard, ring-like feel, very different from the semi-pulpy os sometimes met with. The patient's strength was good, with but little constitutional disturbance. I determined to give her antimony in small, frequent doses, and accordingly administered one-sixth of a grain of tartar emetic every ten minutes. A few doses thus given produced nausea, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval, I found the rigidity gone, and the hard ring vanished. As soon as possible I ruptured the membranes, and safe delivery fol-

lowed. The rapid effects of antimony in this case were surprising, and from a similar experience subsequently I believe that the small and frequent doses as here given are the best way of exhibiting the drug. Dr. Hall, of Montreal, recommends half a grain every half hour, but dangerous depression might in many instances supervene.

#### Poisonous Mushrooms.

Mr. J. A. Palmer has a paper on poisoning by mushrooms in the *Moniteur Scientifique*. He states that there are three different ways in which mushrooms may act as a poison. First, they may produce the effects of indigestible matter, as when the hard coriaceous species is eaten; and even the edible mushroom may cause a similar result, for when it is decomposing it gives off sulphuretted hydrogen gas in quantity sufficient to induce vomiting. Second, mushrooms may be gelatinous or acrid. Third, a subtle alkaloid, without smell or taste, is contained in some mushrooms, as, for instance, in the group of the *Amanitæ*, and is called amanitin. No antidote has yet been discovered for this poison, and to it most of the cases of death following the eating of mushrooms is due. It is at first slow in its action, but after the lapse of eight to fifteen hours the patient experiences stupefaction, nausea and diarrhoea. Delirium follows, and then death. Mushrooms containing amanitin will impart poisonous properties to wholesome varieties, if both happen to be placed in the same vessel. The poison can be absorbed by the pores of the skin. Mr. Palmer carried in his hand some *amanitæ* wrapped up in paper, and, notwithstanding the protection which the wrapper should have afforded, he was seized with alarming symptoms.

#### Diagnosis of Fractures of the Radius and the Clavicle.

In the *Edinburg Medical Journal*, Mr. John Duncan writes—

Let us consider for a moment the diagnosis of the two most common fractures of the body, that of the lower end of the radius and of the middle of the clavicle. They are both due invariably, or almost invariably, to indirect violence. If a person fall upon the palm of the hand he may sustain one of three injuries from the bending backward—a dislocation of the wrist, a sprain of the joint, and a fracture of the lower end of the radius. The first is so very rare as hardly to be worthy of discussion in the present connection. I have only once seen it, and then, as I was manipulating to define the relations of the styloid processes, the joint slipped into position. I cannot say, therefore, from experience, what the exact situation of tenderness is. Doubtless it is over the joint itself; but doubtless also, the diagnosis depends on the deformity.

As to the means, however, of making a comparative diagnosis between the other two, I am absolutely certain. The characteristic deformity of Colles' fracture is marked in at least nine cases out of ten, and there is required for diagnosis nothing more than careful inspection. But in the tenth case the deformity is so slight as

not to be easily made out, or is masked by the general swelling. It is in the distinction of these more obscure examples from sprain that tenderness plays its rôle. If there be a fracture, the pain on pressure is most severe above the level of the styloid process of the radius, both before and behind; if there be a sprain, the pain is in the region of the joint. It is impossible to have anything more definite and precise.

In fracture of the clavicle, pain on pressure is also pathognomonic. You have only to run your finger along the line of the bone. No doubt, in all cases, for purposes of treatment, you ascertain whether deformity is present. But that is not necessary for diagnosis, and its absence is not a source of embarrassment. Tenderness here is the important sign; swelling and deformity come next, and no other sign—neither mobility nor crepitus—need or ought to be sought for.

#### Aphorisms on the Nature and Treatment of Gonorrhœa.

Dr. Louis Bauer lays down the following, in the *St. Louis Clinical Record*—

1. Gonorrhœa is indisputably a local disease.
2. The cause of gonorrhœa is local also, and of ephemeral duration.
3. Gonorrhœa is inflammatory in character, and if not disturbed by stimulating treatment, limited to the anterior portion of the urethra.
4. Primarily gonorrhœa affects the mucous membrane only.
5. Whatever may be the primary disintegration of the urethral lining by gonorrhœa, the structures involved are endowed with the power of spontaneous repair, that is to say, the reproduction of epithelium.
6. The reason why the erythematous inflammation of the urethral canal deserves special consideration and treatment is its special function to serve as an aqueduct for a saline fluid (urine).
7. The only rational indications for the treatment of gonorrhœa, are:
  - a. To protect the raw surface of the mucous membrane against contact with urine.
  - b. To dilute the urine by frequent bland beverages, warm (alkaline) baths, and the like.
  - c. To reduce the inflammation and the hyperæsthesia of the nerve papilla.

#### The Use of Damp Cotton in place of the Surgical Sponge.

Sponge is sandy, rough, of animal origin, and dangerous. Dr. W. H. Mays, in the *Western Lancet*, urges in place of it damp cotton. It is prepared as follows:—

Take the absorbent cotton of Hance Bros. & White, and without disturbing the layer-like arrangement in which it comes, squeeze it as dry as possible out of carbolized water, strength one in forty. Then carefully separate it in layers, and divide it into pieces the size of the hand. These pieces should be pulled apart until they are light and flossy, and then placed in a pile ready for use. Each piece is used but once, and when saturated with absorbed fluid, is thrown into a bucket under the table and a fresh wad taken.

In ovariectomy, the cul-de-sac of Douglas plays the part of a pocket or well into which the effused fluid gravitates. It is necessary to frequently introduce an absorbent to soak up the contents of this reservoir, and I find that by ensheathing the fingers in a layer of damp cotton (like an old-fashioned fingerless mitten) the open hand can be passed easily down, the bowels pressed gently aside, and the deposit reached and absorbed without any roughness such as would accompany the thrusting of a sponge into that cavity. To dry the intestines they can be laid on a thin cushion of this cotton wrapped round the fingers of the left hand, while touched softly with a wad of the same held in the right.

I apprehended at one time an objection to this new absorbent in the occasional separation of a filament or two, which, being left behind, might cause trouble. But such fear is groundless. The coherence of a mass of damp cotton is something surprising; to draw away a few strands is not nearly so easy a task as might seem to those who never tried it. Applying it to the surface of the tongue, as a test, it is found that none becomes detached, and no part is quicker to detect the presence of a stray hair. In a tuft of damp cotton there are no loose filaments.

The superiority of this absorbent over the foul, harsh sponge ought to need no labored demonstration.

#### Rules for Managing the Third Stage of Labor.

The following precepts are laid down in the *Chicago Medical Journal* on this subject, by Prof. De Laskie Miller, M.D.—

1. Contractions of the uterus after the birth of the child are essential to complete the detachment and expulsion of the placenta first, and second to compress the sinuses, and thus to prevent hemorrhage.
2. Periods of rest during this process are important, to permit the closing of the disrupted sinuses by sealing with coagula.
3. The early agitation of the uterus by kneading and compression, would defeat the conservative forces of nature in this stage of natural labor.
4. Withhold ergot till the placenta is detached.
5. Deliver the placenta by bringing it down edgewise with the hand, and not by traction upon the cord.
6. Inertia of the uterus without hemorrhage requires time and restoratives.
7. For inertia of the uterus with hemorrhage, introduce the hand to deliver the placenta, and at the same time secure contraction.
8. Irregular contraction is best overcome by moderate force, continuously applied.
9. Abnormal adhesion requires artificial interference as soon as the diagnosis is made.

#### Incontinence of Urine.

Mr. J. Scott Battams (Royal Free Hospital) calls attention, in the *British Medical Journal*, to a plan recommended by Dr. McIntyre, of treating incontinence of urine in children by diminishing their consumption of animal food, flesh meat in any form being allowed but three

days in the week. This treatment was quickly and entirely successful. Mr. Battams's experience of this plan of cure is limited to three cases; all were obstinate and of long standing. Belladonna, iron, strychnine, etc., were tried in vain. He continued the iron, and interdicted all flesh meat, including beef-tea, broth, etc. He also advised that very little fluid should be given in the latter third of the day, and that they should pass urine before going to bed. At the end of a week two of the children had quite recovered, the third also had only transgressed twice. Two of these patients came under observation three months afterward, and they still continued well; and as the third was not brought to the hospital, he probably had not relapsed. In another case, belladonna and nux vomica were rapidly curative. He was a youth aged 16, who had suffered from nocturnal incontinence for three years, since leaving school; he was well grown and nourished, but rather torpid mentally. He had always had good health. The genital organs were exceptionally small, the prepuce not too long. Mr. Battams prescribed ten minims of tincture of belladonna, and five minims of tincture of nux vomica three times a day. A fortnight later he had had no incontinence for a week, and a month later he was still well.

#### Antiseptic Treatment of Wounds, and its Method.

In the treatment of wounds, not only were our earlier surgeons perplexed as to the cause of the different behavior of subcutaneous and open wounds, those healing by first intention, these by copious suppuration, but especially did they dread those accidents of pyæmia, erysipelas, hospital gangrene. Whence their cause they could only conjecture.

To Billroth is due the credit of having led the way to a more rational conception of those conditions. He taught that their cause lay in the development of specific poisons by the decomposition of the fluids of the wounds, and their reaction upon the system at large, by entering the circulation.

Later, more light was brought on the question, by the discovery of minute organisms in all the products of decomposition and fermentation; and when, still later, those organisms were also found in other fluids, even water and air, and adhering to almost every object examined, the real source of infection to wounds could no longer be unknown.

From the practical application of this knowledge there follows:—

All wounds, large or small, subcutaneous or open, possess the inherent property of healing by first intention.

The healing of wounds is prevented, in the first place, by the entrance of those organic germs, not so much directly through the air, as through dressings, instruments, fingers of surgeons. In the second place, the healing is retarded by the accumulation of the fluids at the bottom of the wound. The dangers which will arise from such conditions will be prevented in two ways. First by keeping from the wound those sources of infection, the principle of the antiseptic treatment, as followed by Lister in England, and Volkman

in Germany. Secondly, by establishing a free discharge for all fluids forming in the wound, the open-wound treatment of Billroth. Applying the principle of the antiseptic treatment in practice, the surgeon must keep before him three cardinal points:—

1. Most careful cleanliness and disinfection of all things coming in contact with wounds.

2. Free discharge of all secretions.

3. Rest of the wounded parts.

To accomplish these objects, not only the wounds, but all the parts around them, must be carefully washed. The hands of the surgeon, especially the nails, must be cleaned at every operation, so also the instruments. Sponges should be rendered free of sand and repeatedly washed in disinfecting solutions. The same may be said of bandages and other dressings. They should, if possible, always be new. Among the numerous antiseptics and disinfectants, a common and efficient one is a high temperature. Various are its application to practice. It forms a most efficient means of cleaning instruments with rough surfaces, sounds, forceps, catheters. Cutting instruments cannot be subjected to this process, for obvious reasons.

#### The Hypodermic Use of Carbolic Acid in Piles.

Prof. E. Andrews, M.D., of Chicago, says, in the *Michigan Medical News*—

The evidence in my hands points to the conclusion that if the following rules be observed the hypodermic injection of piles is less painful and fully as safe as any other operation.

1. Inject only internal piles.

2. Use at first only one part of carbolic acid to twenty parts of the excipient, and stronger solutions only when these fail. Inject only two to four drops at first, and repeat with larger doses if needed.

3. Inject very slowly, smear the parts first with unguent, to protect them from accidental dripping, keep the pipe of the syringe in the pile for a few moments, until the fluid becomes fixed.

4. Treat only one pile at a time, and allow from four to ten days between the operations.

5. Dangerous hemorrhage has occurred, as in other operations, from the patient proceeding at once to active exercise. He should be confined to bed the first twelve hours, and returned to it subsequently if the parts inflame much or the pile suppurates or mortifies.

This great western epidemic of pile doctors is one of the most interesting events in the history of surgery, and seems to have resulted in the addition of a really valuable improvement to our resources.

#### Treatment of Inflamed Joints, etc.

Mr. Rushton Parker writes to the *Lancet*—

In synovitis of the knee, patellar bursitis, and also boil, abscess, or other inflammation, cutaneous or subcutaneous, in the same anatomical neighborhood, I have found that similar treatment is, in principle, and often in detail, appropriate to all, and that each condition in its own way gives evidence of the part played by rest in the process

of inflammatory resolution. Any one of these affections can be treated, as a rule, without laying the patient up, and is, if painful, immediately relieved as soon as the knee is fixed in the straight position by a back splint, or by an abundance of plasters enveloping the joint and continued a moderate distance above and below, or by a combination of both. A continuance of this treatment, not tightly applied, but so as to prevent or greatly to limit flexion, is not only comfortably borne by patients going about, but is generally followed by complete resolution. I cannot attribute its good effect to any compression of the plaster; witness the cases where the affected part was uncovered from first to last, a practice which I invariably adopted formerly. In each case there is an inflammatory condition which with each flexion of the knee joint is either compressed (as in the case of synovitis, bursitis, or abscess), or pulled upon (as in boil, wound, etc.). The mere cessation of this movement not only allows the patient to get about painlessly within certain limits, but, by ceasing to aggravate, permits the resolution of the inflammation. The abscess may, of course, require incision or aspiration, and the same is true of the serous fluids; in fact, much time is often saved in synovitis, and always in bursitis, by aspirating at once after fixing the joint; while in some cases it is indispensable.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. Horatio R. Bigelow, of Boston, has made a very careful anatomical study of the chorda tympani nerve (Reprint from *Archives of Medicine*).

—Dr. C. W. Dulles, in a paper read before the Medical Society of Philadelphia county, on the meaning of a chancre, spoke in favor of defining it simply as "the initial lesion of syphilis," and thus avoiding the confusion of signification which many writers attach to that term.

—"Thevetia Iccotli and its Glucoside" is a pamphlet of a few pages, by Dr. David Cerna, containing a study of this Mexican plant and its proximate principle. The latter is a powerful poison, producing death by asphyxia and by cardiac paralysis. Locally, thevetin produces contraction of the pupil. Its medical value is undetermined. The Mexicans use the plant in making an ointment for hemorrhoids.

—Dr. Henry B. Sands has come out with a sharp reply to Dr. F. N. Otis' polemical pamphlet on spasmodic stricture of the urethra, which we noticed a few weeks ago. The following is his concluding sentence:—

"I think I have said enough to show that the theory of spasmodic stricture, as taught by Dr.

Otis, is unsupported by trustworthy evidence, and has led to serious errors in practice. Believing the doctrine to be false, and the practice dangerous, I should feel that I was recreant to my trust as a public teacher if I failed to oppose the one or denounce the other."

#### BOOK NOTICES.

**The Pharmacopœia of the British Hospital for Diseases of the Skin, London.** Edited by Bal-manno Squire, M.B., Lond. pp. 80. London, J. & A. Churchill, 1879.

This useful publication will be appreciated by dermatologists. The different branches of the London Hospital for Diseases of the Skin include specimens of almost every variety of disease known, and the medical care they receive is the best in the world. Hence, the value of the formulæ which this long experience has shown to be the most effective. The directions are concise, and only those prescriptions for skin treatment are given which are not provided in the British Pharmacopœia. Mr. Squire is already well known as a judicious compiler in this direction.

**Lessons in Laryngoscopy and Rhinoscopy; Including the Diagnosis and Treatment of Diseases of the Throat and Nose.** By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, late Physician to the North London Consumption Hospital, etc. Third edition. Illustrated with hand-colored plates. London, Balliere, Tindall & Cox, 1879. 12mo, pp. 160, illustrated.

Dr. James has been familiar with the subject of which he writes from the earliest days of laryngoscopic investigation. Indeed, he is one of the few who dimly conceived the idea of laryngoscopy, but failed to appreciate its importance before its value had been incontestably demonstrated by Czermak.

The lessons in laryngoscopy present quite a full series of chapters on apparatus, manipulation of instruments, description of images, history of the subject, diagnosis, therapeutics and operations, illustrated with fifty-seven excellent wood cuts and five hand-colored plates. The plates give an approximately accurate appreciation of the real images, but, like all the colored plates which have appeared since those

of Fürch, they are inferior to the admirable illustrations of that author. The colored rhinoscopic image retains Semeleder's incorrect outline of the pharyngeal orifice of the Eustachian tube, while the nares enclose representations of superior turbinated bones certainly anomalous. It appears as though each nasal passage contained two middle turbinated bones, with an upper one above (unmarked in the diagram) and an inferior one below. The wood-cut on page seventy is more accurate in this respect. Some of the designs in the volume are admirable. For example, the use of the word "glottis" (Fig. 25), as represented in a mirror, to teach the character of the apparent inversion of the image, and the series of enlarged views of the laryngeal image, Fig. 29 of which possesses the rare merit of correctly indicating the position of the arytenoid cartilages. Fig. 28, however, designates the thyroid as the cricoid cartilage.

A great deal of useful information is presented, and that derived from actual experience, the best guide for what is required, and this is not to be obtained in any other volume. We regret that the limited space at our disposal precludes more direct reference to these points, and hope that those interested in the subject will procure the Lessons, which comprise the handiest manual in the vernacular, and should be accessible to every student of laryngoscopy and rhinoscopy. The language is good, the sentences are terse and to the point, and opinions are decided and reliable. Various continental and American workers receive prominent mention, but we fear that scant justice has been done to British colleagues.

The reader will be surprised to find a number of things generally accredited to other investigators, emanating as original with the author; reflectors, tongue depressors, nasal dilators, rectangular forceps, and other appliances. Though less apparent in the present edition than before, it is a great pity that a work in the English language should be ever so slightly marred by personal allusions, which detract from its satisfactory perusal, like some of the works of certain continental specialists, who seem to go to more pains to display evidences of their individual ingenuity than to communicate the results of their individual experience. The demand for successive editions of Dr. James' volumes is evidence of their real intrinsic value, and it is to be hoped that subsequent editions of "Sore Throat" and of the "Lessons" will be freed from these painful interpolatory announcements.

and intimations, which prejudice the reader unfavorably, and that the "Lessons" will be furnished in future with a table of contents and an index, to render them available for prompt reference. They certainly deserve both.

**A Practical Treatise on Surgical Diagnosis; Designed as a Manual for Practitioners and Students.** By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery, in the Medical Department of the University of New York. New York, Wm. Wood & Co., 27 Great Jones st. 1879. pp. 386.

In the fullness of American surgical literature, it is remarkable that no work on surgical diagnosis has until now been produced. We have had the foreshadowing, and even the pre-announcement of a book on the subject, with an authorship that would have been creditable, but it seems to have lapsed into dumb forgetfulness.

The success of the familiar treatise on Medical Diagnosis, by Da Costa, has seemed to point to an open field and a clear track in the surgical domain. But, unfortunately, our practical surgeons who possess the full opportunities for training and experience, and for original observation in surgical diagnosis, are not, or cannot be, book makers; and others, whose control of time and whose culture might incline them to such authorship, would necessarily be merely collators of the scattered fragments of the literature of the subject, and but repeaters of its well-worn and often erroneous traditions.

This book is hardly what its title claims it to be, "a practical treatise on surgical diagnosis," and its scope and objects would have been better indicated by such a caption as is modestly assumed by the fuller and more comprehensive work of McLeod, which is simply called "Outlines of Surgical Diagnosis." The volume of Dr. Ranney is but the tabulated outlines of surgical diagnosis, and is little more than what might have been styled a dictionary of diagnosis. It is, for the most part, but a compilation of tables of surgical differentiation.

The author says that he has endeavored to produce "a work whose system and arrangement will probably be its chief recommendation." It has been particularly his object to present the symptoms of disease in "marked contrast," and to make it a book of easy reference. The selections in the comparative tables are of such surgical diseases and injuries as are most liable to be con-

founded. Such selection necessarily requires great discretion, and in this book they are often at fault, from paucity.

It is not difficult to see that this volume is not the outgrowth of the life work and observation of a practical, working surgeon. It lacks the evidence of originality, freshness and thoughtfulness, and only presents the routine and traditional matter and manner of the familiar text books. The plan of its arrangement may have merit, and that might be capable of development, but this work covers but a limited part of the great domain of surgery. The contents are merely diseases of blood vessels, diseases of joints, diseases of bone, dislocations, fractures, diseases of the male genitals, diseases of the abdominal cavity, and diseases of tissues. Many important regions, organs and subjects are unnoticed. The present accurate development of the diagnosis of diseases of the eye, the ear, the nose and the throat are totally ignored.

A fault of the general plan of arrangement in what might be styled tables of differentiation is that it necessitates a vast amount of repetition.

The subjects seem to be very unequally dealt with; of the three hundred and sixty-three pages of the book, exclusive of the table of contents and index, sixty-eight are devoted to the diagnosis of diseases of the male genitals. Under the head of diseases of tissues, the subject of tumors is well tabulated, according to the classification of Mr. T. H. Green, of London, and this is one of the most satisfactory portions of the work.

There are many little points of error which will strike the attention of practical surgeons. Typhilitis is defined to be "an inflammation of the vermiform appendix of the cæcum." In hydrocele of the tunica vaginalis testis the tumor is said to be "always translucent." In contrasting femoral hernia with enlarged inguinal glands the latter cannot be said to be "always superficial." Barton's fracture, so called, is not "a condition in which the *styloid process* of the radius and an adjacent portion of the articulating surface are separated from the shaft of the bone." The differential definition of internal and external hemorrhoids, as given, is incorrect.

There may be in this work the creditable basis for a large and really comprehensive book of ready reference in surgical diagnosis, but it falls far short of its general pretensions. Dr. Ranney is capable of more than he has yet attained in this direction, and he has before him the field and scope for a really useful and acceptable production.

R. J. L.

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**Medical and Surgical Reporter,**

A WEEKLY JOURNAL,  
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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**NATURAL MINERAL WATERS AS THERAPEUTIC AGENTS.**

Natural mineral waters are yearly growing in favor as therapeutic agents. Years ago, when the late Professor Robley Dunglison filled the chair of the Institutes of Medicine at the Jefferson Medical College, that learned and skeptical teacher was accustomed to attribute all or nearly all the benefits derived from such waters to the corrected habits of life, the change of air and scene, the rest from labor or dissipation, and the increased amount of aqueous fluid imbibed, which are the accessories of a residence at "the Springs." Whether his views were correct or not; they have not gained popularity with the profession. Every year, not only are mineral springs frequented by increased numbers of patients, but vast quantities of waters are shipped to distant points and eagerly consumed. Every drug store of any pretence has one or more kinds constantly on draught.

Believing, as we do, that many natural waters are in themselves very efficacious and valuable therapeutic agents, and destined to increase in

favor, we cannot but regret that so very little has been done to classify them accurately, to analyze their solid contents and to assign them their proper positions in the materia medica. In this country there is not a single important work on the subject. Nearly all that has been written is to bolster the claims of some particular spring or locality. The numerous descriptive pamphlets sent us every year, from various health resorts throughout the country, are filled with florid statements, defective analyses, and certificates of cure as unblushing and as meaningless as those of the quack medicine almanac.

Our land is not alone in this. A recent writer in a London journal expresses his regret at the part which purely commercial companies are beginning to play in the management of mineral springs. It has been discovered that a spring of water, if it be sufficiently puffed, is a surer and more valuable source of income than a gold mine, and the statements put forward in advertisements are very often absolutely unwarrantable. It is desirable that the profession on both sides of the ocean should unite for the purpose of restraining the statements of those who have merely a money interest in mineral springs, for it will become exceedingly difficult to prescribe this or that water if, by so doing, one should seem to countenance the unwarrantable assertions which are made concerning them. It would be satisfactory if such rash assertions were made only by the trading companies, but this, unfortunately, is not the case, for many of the medical monographs appear to show a very undue amount of local bias, and to lend a too ready credence to startling therapeutic theories. It would be a great boon if the examination of the mineral springs of Europe and the United States could be made by an international commission, which should be entirely without interest in the popularity or earnings of any particular spring.

Until some such measure as this is taken no reliable guide as to the character of this or that spring can be found, and thus one of the most efficient and agreeable of the means of treating disease must remain in a vague and unsatisfactory state.

As the United States is rich in these waters, and offers both a wide variety of them and numerous localities where they occur, it would be an appropriate subject for the consideration of one of those medical or pharmaceutical bodies whose affiliations extend over the whole country, and whose reputation for impartiality is beyond question.

#### THE VENTILATION OF PUBLIC AND PRIVATE BUILDINGS.

A problem which has long exercised the ingenuity of engineers and sanitary officers, is how to secure pure air in public buildings, with a due regard to the economy of fuel and absence of drafts of cold air. Any one can recall churches, theatres, lecture halls and work rooms where the tainted air has produced headache, sick stomach, vertigo, and even worse results.

An investigation made this spring by Health Officer Dr. SMITH TOWNSHEND, of the District of Columbia, of the Government buildings in Washington, reveals a neglect of the rudimentary principles of sanitation which is anything but creditable to this country. In that externally magnificent structure, the Treasury Department, he found that the air in all the rooms on the fourth floor, with, perhaps, two exceptions (the engravers' room and wetting room), was unfit for breathing. There is abundant air space in a majority of the rooms, if there was only proper means provided for the removal of the air rendered impure. The great necessity for ventilation which existed here is evidenced by the rude attempts which have been made to accomplish the object. Prominent among these is a series of skylights which open by means of weights and rope pulleys. These were found closed in every instance where a workman was stationed near, and they gave as a reason therefor that draughts were created whenever they were left open. This was always the case in windy weather, and rains or storms necessitated their being closed altogether.

The folly of depending upon windows for ventilation was illustrated many times. The opening of a window occasions a draught of cold air, and the one employed near suffering there-

from is not slow in closing the aperture. Employees being stationed near the windows in every instance, it is impossible to secure any fresh air by this means. Windows are the sole dependence in a majority of rooms in this building. The only salvation of the employees in the rooms of this bureau is the large amount of air space in a majority of the rooms.

The dressing rooms he describes as "perfect pest holes."

The atmosphere of the press rooms was very offensive. These rooms, five in number, have less air space *per capita* than any of the others. The minimum quantity sanctioned by authorities is 500 cubic feet per head where persons are employed at such trades as plate printing, yet here we find but 217 and a fraction air space furnished for each.

In the lower floors, in both rooms and halls, the condition of things is not much better, the air being hot, close and impure.

The secret of the foul air in the halls was found upon getting into the basement, later on. This underground portion of the building is but a vast receptacle for the manufacture of foul air, which, by means of the stairways, is carried into the halls above, and thence distributed via the transoms into the rooms. The hottest air congregating and being held in the upper stories, attracts the air from below, which is always found forcing its way in volumes up the stairways. One need only to walk down one of these openings to have a practical illustration of this fact. The basement is filled with printing offices, binderies, storerooms, and workshops for the various trades, each of which contributes its share of impurity to the air which is sent above to be breathed by the clerks and other employees.

We need not continue to refer to Dr. Townshend's report. We quote it merely to show how, in the most expensive buildings on this continent, the simplest requirements for comfort, health, and effective work have been systematically neglected.

Nor is this neglect confined to public buildings. In most of the costly residences of this and other cities, residences valued from \$50,000 to \$100,000

each, either the whole matter of ventilation is absolutely overlooked, or the means for securing it absurdly inadequate and foolish.

Yet the principles on which effective ventilation can be secured are not unknown. They have been repeatedly explained and occasionally tested by experiment. Every one knows that the old-fashioned open fireplace, with its fire and current of ascending warm air, is the most perfect of all ventilators. We cannot have open fire places in all rooms, but a ventilating shaft, opening at the floor of the room, heated interiorly by a lamp or gas jet, and running to the roof, is just as absolutely efficient and cheap. There is no draught of cold air, no opening of windows, no risk of accumulating carbonic acid gas. This simple principle, properly adapted, is all sufficient for any building.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### ANTI-RHEUMATIC OINTMENT.

A writer in the *Revue de Thérapeutique* recommends the following in the pains of chronic or subacute rheumatism and gout:—

R. Gambogiae,  
Myrrhæ,  
Canellæ,  
Sodii salicylatis,      āā ʒ ij  
Olei terebinthinæ, q. s. to liquefy.

SIG.—Use with steady friction twice daily, and then cover with wadding.

#### BELLADONNA IN CHOLERA INFANTUM.

During last summer, Dr. Uhler, of Baltimore, employed belladonna in two cases of cholera infantum, characterized by green stools. The belladonna was employed with the purpose of diminishing the amount of saliva and epithelium, and thus preventing these as far as possible from entering the stomach. Sufficient was given to dilate the pupils. The result was satisfactory, and both patients recovered. Opiates and other remedies had previously been employed without benefit.

#### PILL FOR CONSTIPATION.

Dr. Foster, of New York, suggests as a remedy for constipation a pill containing—

R. Rhubarb (Turkey),      gr. iij  
Carbonate of soda,      gr. j  
Ipecac,      gr. ss  
Oil of anise,      gtt. v.      M.

To the above one or two grains of pil. hydrarg.

might be added at times, with benefit. The pills should be taken at night.

#### DRESSING FOR WOUNDS.

Dr. Q. C. Smith, of California writes to the *Nashville Medical Journal*—

We have quite a number of wounds to treat up here in the mountains, and our favorite plan, especially in head wounds, is to draw the lacerated parts together with silver wire sutures, and keep the parts wet with *paregoric* and thin *simple syrup*, equal parts, leave the wound entirely open to the air and defy bacteriæ, etc. No kind of insect will touch the wound and it rapidly heals—often, in serious cases, without a particle of suppuration.

#### The Exhibition of Chlorate of Potash in Large Doses in Diphtheria.

The following observation is contributed to the *Southern Medical Record*, by Dr. W. W. Carpenter, of California:—

Potassæ chlorate cannot be borne in sufficient quantity to cure an asthenic case of diphtheria without causing a dangerous, if not fatal, depression of the heart. If combined with quinine or any of its alkaloids, to steady the heart's action, it can be safely borne in larger doses. In fact, the physician who would exhibit it alone is to be pitied. In union with tinct. ferri mur. and quinia, we not only have a much more effective remedy, but a far safer one.

R. Acidi sulphurosi,      ʒ vi  
Glycerinæ,      ʒ iv  
Sol. potassæ chloratis, ad      ʒ viij.

SIG.—From one-half to two teaspoonfuls every half hour, according to age.

Small and frequent doses give us all the topical application required.

#### Coffee in Typhoid Fever.

Dr. Pigne-Dupuytren, in the *Pacific Medical Journal*, claims to cure typhoid fever with coffee. He writes:—

When we say that we cure typhoid fever with coffee we do not pretend to cure by this means a fever which has become complicated by a grave affection of the lungs, by intestinal perforations, or by any accident that happens to cloud the prognosis. In such cases a treatment has to be used which is in conformity with the circumstances. We must admit that since we have had recourse to this plan we have never had to deal with serious complications.

The mode of dispensing the remedy is the following: Give (to an adult) two or three tablespoonfuls of strong black coffee (without chicory)

every two hours, to be alternated with one or two spoonfuls of good claret or Burgundy wine. Make the patient take, in the course of the day, a few wine-glasses of lemonade of citrate of magnesia; then sulphate of quinia.

#### Results of the Prevention of Conception.

In the last number of the *Vierteljahrsschrift für Gerichtliche Medicin*, a physician in Königsberg gives an opinion on the question whether an advertiser who was selling a secret recipe for prevention of conception was guilty of fraud. The means turned out to be vaginal injection with cold water, for which the advertiser sold a special syringe. It was decided that he could not be prosecuted for fraud, but the writer regrets that the existing laws of that country permitted such advertisements.

There is little or no doubt but that this means, whether efficacious or not, frequently leads to uterine disease. It is too much, however, to say, as has been recently maintained, that all measures to prevent conception produce disturbance of the uterine functions. No false notions of possibly bad effects should prevent men from adhering to the rigid truth.

#### Another Treatment of Sea Sickness.

A steamship surgeon writes to the *Lancet*—The result of my experience has been to place very great reliance on the following treatment, which I have rarely found to fail:—The exhibition of five grains of bromide of potassium, in pure water only, three times a day, accompanied by a prohibition of all solid food, say for two or three days, limiting the patient in the meantime to a drink of half parts of milk and lime-water. I was induced to try the bromide of potassium from an article I saw about eighteen months ago, in which sea sickness was ascribed to a "series of minute concussions of the brain," which theory has always appeared to me to account fully for every symptom I have noticed present in the malady.

#### Organic Resistance to a Boiling Temperature.

Ch. Chamberland has found a microscopic organism which lives in nearly all liquid solutions of organic matter, provided that they have been previously neutralized by a solution of potash. It produces germs or spores which, when placed in neutral media, resist a boiling temperature for several hours. A temperature of about 115° (239° Fahr.) kills them very rapidly. His notice is in the *Comptes Rendus*.

#### Hygienic Effects of Sea and Mountain Air.

An Italian physician, Dr. C. Alberto, says, in a recent work—

The marine air produces the same benefit as that of the mountain, but each has a different *modus efficiendi*; the former acts more forcibly and energetically on the constitution which retains some robustness and internal resources to profit by it, while the second acts more gently, with slower efficacy, being thereby more suitable to the weaker and less excitable organizations. From this important distinction, the conscientious physician, who takes the safety of his patient much to heart, ought to be able to discriminate whether the alpine or the marine atmosphere is the better suited to the case he has before him.

#### A Case of Sclerostoma Duodenale.

Specimens and a description of a case of this rare parasite are forwarded us by Dr. Walter E. Hendricks, of Martinsville, Ind., through Dr. B. D. Blackstone. The patient is a young man of good habits and in good circumstances. The sclerostoma is common in southern Europe, very frequent in Egypt, but rare in this country. The specimens sent us answer the description of authors, except that they are thicker in proportion to length. Full doses of turpentine are the appropriate treatment. It is sometimes known as the *ankylostomum duodenale*, from the Greek *ankylos*, curved, rounded, and *stoma*, mouth.

#### Cysticercus in the Eye.

A case of this rare lesion was recently observed in this city. The extraction of the parasite resulted, we hear, in a decided improvement to sight. At a meeting of the Atlanta Academy of Medicine, in March, a case was reported by Dr. Calhoun, particulars of which are given in the May number of the *Atlanta Medical Journal*. In the latter case, on account of the patient's unwillingness and the general bad results of the operation, no interference with the entozoon had been attempted.

#### Death from Minute Dose of Strychnia.

A student of the laboratory of the Ecole de Pharmacie relates, in the *Union Méd.*, June 3, the fact that a cat belonging to the laboratory died in a few minutes after some convulsions, having eaten a small bird which had been employed in an experiment with strychnia. Still, Prof. Jeanjean had only deposited in the corner of the eye of the bird scarcely a milligram of the acetate of strychnia.

**Jaborandi in Obstinate Hiccough.**

Dr. Ortille, of Lille, communicates to the *Bull. de Thérapeutique*, May 30, the case of a woman, aged fifty-six, who came under his care for hiccough, which had lasted for seven months. The hiccough was almost continuous, at the rate of thirty or forty times a minute, and was accompanied by vomiting. Occasionally there were intervals of five or ten minutes. Various remedies had been tried in vain, and now a decoction of four grams of the leaves and stalks of jaborandi was prescribed in two doses, to be taken with an interval of a quarter of an hour. The usual sweating and transpiration were produced, as was some vomiting, and in two hours the hiccough had ceased.

**Lister's Method in Country Practice.**

In his Harveian oration, printed in the *Edinburgh Medical Journal*, Dr. H. S. Anderson observes:—

I fear that the chances of success of antiseptic surgery are so small in country practice, that it is apt to be valueless; for I am persuaded that if the system cannot be carried out in the perfect and thorough manner practiced by Lister and others, we are better without it, and must adhere to the old plan of free exposure of the cut surface to the air till the oozing ceases, and then bringing the parts accurately together by stitching with a moderate amount of tension, and keeping the edges quite dry; this is by far the more likely way of getting union by the first intention.

**The Rules for Sea Bathing.**

The following precepts on this subject were composed by Dr. Dutrolean, on the model of those of the Academy of Salerno:—

- "1. Avant le bain tu marcheras,  
Pendant un bon petit moment.
2. Puis tu te déshabilleras,  
Sans hâte, mais rapidement.
3. Dans l'eau tout de suite entreras,  
Sans flâner au bord nullement.
4. Tout d'un coup tu t'y plongeras,  
De la tête au pied carrément.
5. Dix minutes y resteras,  
Toujours, toujours en mouvement.
6. Enfin, lorsque tu sortiras,  
Tu te vêtiras chaudement."

—In the June number of the *Edinburgh Medical Journal* Prof. Simpson reports a successful case of Battey's operation. The patient was 35 years of age and a sufferer from severe dysmenorrhœa.

**CORRESPONDENCE.****A Case of Extra-uterine Fœtation.**

ED. MED. AND SURG. REPORTER:—

On February 11th, 1879, at 10 A.M., I was asked by Dr. Weir, of Agency City, to visit a "singular case," which he (Dr. Weir) had the day before, for the first time, seen with Dr. La Force, of that town.

The case was said to be labor at the eighth month of gestation, with puerperal convulsions, and an inability to discover by touch any os uteri. The woman, Mrs. C., had had two children previously without any unusual trouble. Dr. La Force, the attendant physician, was out of town, and Dr. Weir was not acquainted with the previous history of the case.

I found her unconscious, unable to speak, restless and rolling about on the bed, evidently suffering severe pain; had not had a convulsion for several hours; had had several since 3 A.M. of the 10th, when, as was said, labor pains had commenced. Her husband had died a few weeks previously. Her sisters (who had been with her) were not present; so there was no one to give any history of the case. I found, on examination per vaginam, a large, firm, rounded mass in the upper portion of the vagina, feeling like some portion of soft parts of the body felt through the uterine walls; after a few moments a clouded vision by touch. There was high up, to the left, and above the tumor in the vagina, an os and cervix uteri, which I said then was about as large as a three months' pregnancy would occasion.

By an external examination of the abdomen, I discovered an irregular enlargement, a round, hard tumor, in the left iliac region, extending in a less rounded surface diagonally to the right hypochondriac region. I diagnosed an extra-uterine fœtation, advised morphia hypodermically, sufficient to quiet, and asked the privilege of a post-mortem soon after death.

She died on the morning of the 13th. I made a post-mortem at 4 P.M.; present, Drs. Weir, La Force and Ball, of Agency City; and Dr. A. O. Williams, of Ottumwa. We found a fœtus apparently very near full term, occupying the abdominal cavity, presenting the back toward the abdominal walls of the mother, the breech in the right hypochondriac region, arms and legs folded inwardly, the head in the left iliac, underneath the uterus, which was enlarged, so that it would weigh about eight ounces. The placenta was located low, and was the presenting part felt on examination by touch. The post-mortem proved in every particular my previously expressed opinion of the condition and position.

I have since learned that on the 12th, the day after my diagnosis was expressed, the woman became conscious, and recognized and talked with her sisters. Dr. La Force has informed me that during the preceding seven or eight months he had been frequently called to prevent threatened abortion and miscarriage, and to relieve acute abdominal pain, vomiting, nausea, etc., having been constant, and several times a discharge of water, like the rupture of membranes, which he supposed it was, but that he had never

made any vaginal examination, but once, and then when she supposed herself three months pregnant.

Had the case been properly diagnosed a month earlier, would not abdominal section have been justifiable?

S. B. THRALL, M.D.

Ottumwa, Iowa, May 11th, 1879.

#### Aphonia in Typhoid Fever.

ED. MED. AND SURG. REPORTER:—

In three fatal cases of typhoid fever, all females, married, and mothers, each, of several children, I have observed a symptom which I do not recollect to have seen mentioned in books or clinical lectures.

The first was a woman, about thirty years of age, sick with a mild attack of the fever, who was noticed during the early morning of the sixth day to be completely aphonic, not able to utter the slightest whisper, and who died during the morning of the seventh day.

The second case was about twenty-five years of age, with a severe form of the fever. She became aphonic during the last of the second week, in the latter part of the night, and died in about thirty hours, during the morning.

The third case was about thirty years of age, who became aphonic during the early morning of the twenty-seventh day of her sickness, and died during the morning of the twenty-eighth day.

There had been no marked delirium in either case; deglutition during the aphonia, although impaired, was possible with fluids, in each case. Intelligence during the aphonia was fair in each, as evinced by the general expression of the face and eyes, and by the latter intelligently following the motions of persons in the room. The aphonia was sudden with each, neither appearing any worse than for a day or two before, and it came on during the early morning, and was followed by death the next morning. It was complete in each, not the slightest sound being possible from the lips of either. The decubitus was dorsal with each during the whole time of the aphonia, and from its onset till death, which was sudden; there were none of the usual evidences of dissolution.

If anything like the above is mentioned in books, I shall be glad to receive the reference.

Fairfield, Texas.

J. J. BONNER, M.D.

#### The Diagnosis of Rectal Diseases.

ED. MED. AND SURG. REPORTER:—

In July, 1876, a Mr. E., aged thirty, of nervous temperament, came into my office for some ointment for his piles. Upon questioning him, he said that they had troubled him for two years, sometimes only just slightly, then again so badly that he would have one or two epileptoid convulsions a week, then go some time without a convulsion. I also learned that he had been treated by three of our regular practitioners, with only varying success. So it occurred to me that I had better make an ocular examination, and see just what was the trouble. Imagine my surprise

to find no pile, but a slight fissure of the rectum. I then introduced my finger into the rectum, to see if there were any internal piles. But I could find none. I told him that when he got cured of his fissure, I thought he would also get cured of his fits, as he called them, and such has been the case.

I ruptured the sphincter in the manner described by Dr. Rush, in the REPORTER for June, 14th, 1879, page 526. The after treatment was simply tonics. It is now almost three years since the operation, and he has had no trouble from either his piles or his fits since.

I write this to show how important, in all diseases of the rectum, to make a careful ocular and digital examination. The gentlemen who had treated the case had taken his word that he had piles, instead of looking for themselves.

E. W. HILL, M.D.

Glens Falls, June 16th, 1879.

#### Local Treatment of Phimosis.

ED. MED. AND SURG. REPORTER:—

In the February number of the year 1875 I reported to the Cincinnati *Lancet and Observer* (now *Lancet and Clinic*) a case of *Paraphimosis*, with conservatory treatment.

I now report in brief a statement of my local treatment of a case of *phimosis*, this case being a boy of about the same age (three years). The little prowler would run to meet his little sister when on her homeward way from school through a wet bottom, during the cold changes of March last, and on many other occasions would steal out from the dwelling house to play with his little brother and sister, which he seemed to do with impunity until March 16th. On this day I was passing a road near by when called to see him. I found the following symptoms present: Partial paralysis of the inferior extremities, his legs being drawn up to his abdomen, irritable temper, which was unusual with him, flushed face, had not voided urine for about twenty-four hours. My attention was called by his parent to his genital organ, where I found the prepuce contracted and so lengthened that its measure exceeded that of the penis. It was with much difficulty that we brought to view the meatus, and when seen it was of a dark brown, almost dark enough for melanosis; priapism of the organ was also observed, which continued until our application had been used for some hours, as we thought the priapism was an important factor. We made scissions through muslin cloths, so as to make a ring to surround the penis to its head; these cloths were dipped in the coldest of well water, and reapplied in quick succession, and when the morbid erection had been subdued by these cold local applications, I then used Dr. Josiah C. Nott's India rubber bag, stop cork and nozzle (to be used with his double catheter), by gathering up the foreskin and holding it in juxtaposition to the glans penis, pointing at above the meatus (and confining the water with which it had been charged), to the mucous surfaces of the prepuce and penis by forming a ring with my thumb and finger around the elongated prepuce, pressing it close to the nozzle while I injected the warm water

with the other hand, until I completely dilated the foreskin and washed away the irritating secretions, upon the withdrawal of the nozzle. Conjointly with the local treatment I gave, in frequent and large doses, the fluid extract hydragrea, as a lithotriptic and cathartic, from the beginning of the treatment. The boy was playing the next day.

L. A. DAVIDSON, M.D.  
West Milford, West Virginia.

## NEWS AND MISCELLANY.

### Sixth International Medical Congress.

The sixth congress is to be held at Amsterdam, from September 7th to 13th, inclusive. Prof. Donders is the President of the Committee of Organization, and Dr. Guye, of Amsterdam (to whom all communications respecting the Congress are to be addressed), is the Secretary. The French language is to be employed at the general meetings of the Congress, and either French or German at the meetings of sections; but members will be allowed to use other languages, and their addresses may then be translated into French.

### Officers of the Ohio State Medical Society.

The following officers were elected at the annual meeting at Dayton, June 7th:—

President—Dr. J. A. Murphy, Cincinnati.

Vice Presidents—Dr. John Davis, Dayton; Dr. Thomas McEbright, Akron; Dr. J. D. Edwards, Xenia; Dr. C. A. Kirkley, Toledo.

Treasurer and Librarian—Dr. T. W. Jones, of Columbus.

Secretary—Dr. J. F. Baldwin, of Columbus.

Assistant Secretary—Jesse Snodgrass, Dayton.

The meeting was well attended, and in all respects a satisfactory one.

### Quinine on the Free List.

The following is the full text of the "McKenzie quinine bill," which passed the Senate and became a law on the first of July:—

"A bill to put salts of quinine and sulphate of quinine on the free list. Be it enacted, etc., That from and after the passage of this act the importation of salts of quinine and sulphate of quinine shall be exempt from customs duties, and all laws inconsistent herewith are hereby repealed."

The manufacturers of this city, Powers & Weightman, and Rosengarten & Sons, are said, in the daily papers, to be preparing to close their quinine departments, as the duty on East Indian cinchona bark, which is ten per cent., and the heavy Government tax on alcohol, render it impossible for them to compete with foreign manufacturers of the article. In this event the American profession and their patients will be at the mercy of the French and English quinine makers, and of the drug brokers of New York and London. We shall be surprised if there is not a clamor before long, either to have the duty restored on quinine, or else to have the cinchona

bark and the alcohol used in extracting its alkaloid rendered free.

### Native Chinese Medicine.

Dr. Keating, of this city, who accompanied General Grant during his Chinese tour, in a conversation on Chinese hospitals remarked:—

"On numbers of the patients I observed little blue spots, and I thought I was about to learn of some peculiar disease. Upon inquiry, however, I found that they were caused by the Chinese mode of treating internal inflammation. The poor fellows who bore the blue marks had been treated for sore throat, by having the skin of their necks taken by the physician between thumb and forefinger and screwed around."

This reminds us that several years ago, Dr. Jameon, of Shanghai, when writing on the subject of obstetric medicine among the Chinese, published some statistics to prove that in a Chinese woman the physiological processes of utero-gestation and parturition are so closely surrounded by the dangers arising from no-management and mismanagement that pregnancy becomes a pathological condition but one-half less formidable than typhus fever, in England.

### New Pharmaceuticals.

WARNER'S PILL. QUININE SULPH., SUGAR-COATED.

Messrs. Wm. R. Warner & Co., of this city, are justly celebrated for the uniformity and excellence of their sugar-coated pills. We have recently been trying their quinine pills thus prepared, and they are certainly as easy to swallow, as efficient and as neatly prepared, as any we have ever seen. None but the purest sulphate is used.

W. H. SCHIEFFELIN & CO.'S SOLUBLE PILLS.

Among the pharmaceutical preparations of the day the "soluble-coated pills and granules" of W. H. Schieffelin & Co., of New York City, deserve a high position. The coating is an inert soluble compound, dissolving upon the tongue in all cases within thirty seconds, entirely tasteless, perfectly transparent and colorless, thus disclosing to the eye the exact color and appearance of the pill-masses. We have examined a number of varieties and can recommend them.

JAMES HORLICK'S PREPARATIONS.

Horlick's "Food for Infants" and "Granular Sugar of Malt," are two productions of the laboratory which will recommend themselves, wherever they are once introduced. The Food is very palatable, perfectly soluble, and not farinaceous; the Sugar of Malt has a delicious flavor, and is eminently suited for the dietetics of the sick room and nursery.

### Personal.

—Dr. A. A. Smith has been appointed Professor of Materia Medica in Bellevue Hospital Medical College, N. Y., in place of Dr. Polk, resigned; and Dr. Joseph W. Howe has been appointed Professor of Clinical Surgery in the same school.

**Alexis St. Martin.**

From a recent letter to Dr. B. V. Hoagland, of West Union Ohio, we learn that Alexis St. Martin, famous in physiological works for the experiments of Dr. Beaumont Martin, is still alive, and at present a resident of St. Thomas, Joliette county, Province of Quebec, Canada, and is seventy-eight years old. The wound in his stomach has never closed, and at present the opening in his side is nearly an inch in diameter. His general health appears not to have been in any way affected by the curious wound in his side, but has always been excellent. For his age he is now quite strong and hearty. He has been the father of twenty or more children, of whom four are now living. Has always been a hard worker, and never suffered from lack of digestion.

**Items.**

—It is rumored that Dr. B. W. Richardson has been offered £5000 for a lecturing tour in the United States.

—The *Michigan Medical News* writes in despair as to introducing the metric system to the present generation of physicians.

—The Russian Society of Hygiene propose to print school books in white letters on a black ground, in order to check the increase of myopia in scholars.

—The Baltimore Academy of Medicine has offered \$100 for the best essay on a medical subject, to be written by a physician residing in the State of Maryland. For particulars, address Dr. B. B. Browne, 304 Madison Av., Baltimore.

—The danger of transmitting disease by books has been investigated by the Chicago Public Library directors. They have corresponded with physicians and librarians in various parts of the country, but not one has ever known of a case of contagious disease having been imparted by a book from a circulating library.

**OBITUARY NOTICES.**

—Samuel Dellenbaugh, M.D., one of Buffalo's most highly respected citizens, died suddenly lately. He was seventy-three years old.

—The well-known London Dermatologist, Dr. Tilbury Fox, died last month, at the early age of 48 years. He was a hard worker and fertile writer, best known in this country for his "Epitome of Skin Diseases" and "Atlas of Skin Diseases." His death was from aortic disease, supposed to be consequent on rheumatic fever, acquired in a journey in the East in 1864.

—Early in June Prof. Piorry, of Paris, died, at the advanced age of eighty-five. His professional and literary career has indeed been an active one during the last half century, and until a month or two of his death he was one of the most assiduous members of the Academy of Medicine, taking part in some of its debates recently with all his pristine vigor. He was formerly Professor of Internal Pathology, and then of Clinical Medicine, and his communications to journals and learned societies have been

very numerous. Among his works are his well-known "System of Medicine," containing his original and fanciful nomenclature of disease, and his celebrated "Traité de la Percussion Médiate, ou du Plessimetrisme."

**QUERIES AND REPLIES.**

*To E. S., of Florida.*—I have never adapted the method of treatment spoken of in my last two articles to either prostaticorrhea or spermatorrhea. I should hardly think the current would be strong enough. But have seen good results from the use of the galvanic current from a battery in the treatment of the above-mentioned diseases. Should be used by sittings of from one-half to one hour twice a day.

O. E. HERRICK, M.D.

*Dr. B. F., of Cal.*—The physician who was sent by your friend to see your wife, should, of course, have his traveling expenses paid by you, although he did come too late. You are the person obliged.

*Dr. H. V. R., of Ga.*—You will find a brief description of the uses of compressed and rarefied air, with numerous references to other authors, in Cohen's volume on "Inhalation."

*Dr. J. K., of Missouri.*—As other remedies in your case of urticaria have failed, we may mention that Dr. A. M. Lyles (*American Practitioner*, May, 1871) has found that ten drops of nitro-muriatic acid in a wine-glassful of water, one hour before eating, is an almost unfailing remedy for urticaria.

*Linum.*—Quite a number of cases have been reported from time to time, where linseed poultices have brought about inflammations of the skin, and, apparently by metastasis, swelling and congestion of the mucous membranes.

**MARRIAGES.**

**BABCOCK—WESTON.**—At Montclair, N. J., on Thursday, June 12th, at 12 o'clock, by the Rev. A. H. Bradford, Robert H. Babcock, M.D., of Kalamazoo, Mich., and Lizzie Clinton, daughter of the late M. L. Weston.

**BECKER—WATSON.**—In New York city, on Tuesday, June 17th, at the residence of the bride's brother, Henry Shelton, Esq., by the Rev. Lea Luquer, George Ferdinand Becker, of Berkeley, Cal., and Alice Theodora, daughter of Dr. A. T. Watson, of Dresden, Saxony.

**BROWN—GARCELON.**—At Wayne, Me., June 1st, by Rev. S. Hooper, Charles W. Brown, M.D., of Dexter, Me., and Miss Alice Garcelon, daughter of Esquire Garcelon, of Livermore Falls, Me.

**BRUNER—GIBBONEY.**—In Duncansville, Blair county Pa., June 19th, by Rev. William J. Gibson, D.D., William S. Bruner, M.D., and Clarinda L. Gibboney.

**CHEESEMAN—PEALE.**—In Cincinnati, O., at the residence of the bride's mother, 419 Court street, June 3d, by Rev. A. M. Worcester, Dr. John C. Cheeseman, of Kelley's Station, Pa., and Miss Sallie A. Peale.

**DICKINSON—WALTON.**—On June 19th, by Rev. W. C. Alexander, Dr. J. T. Dickinson, of Parkesburg, and Joen B. Walton, of Cochransville, Pa.

**FISHER—SHOTT.**—In this city, June 19th, at their residence, 1043 Fairmount avenue, by F. L. Magoon, D.D., J. F. Fisher, M.D., and M. Jennie Shott, both of Philadelphia.

**DEATHS.**

**MARTIN.**—At his residence in Xenia, Ohio, on the 21st ult., Dr. Samuel Martin, in the 83d year of his age.